

SOUTHERN DISTRICT OF CALIFORNIA

CAPITAL HABEAS FUNDING APPLICATION

Petitioner's Name: _____
Case Name: _____
Case No.: _____
Lead Attorney: _____ Hourly Rate: _____
Co-Counsel: _____ Hourly Rate: _____

Budget #:

Estimated Time Period of Request: From _____ to _____ [Use dates or text such as "through filing of amended petition"]

The answers to the following questions are for case management and budgeting purposes only and will not be binding in any respect on substantive issues to be raised in the course of litigation. Once completed, save a copy of this form for future budget submissions.

IMPORTANT: Use the TAB key to move between entries.

CONFIDENTIAL CASE BACKGROUND

State Level Proceedings

1. Provide a brief description of the charges for which petitioner was sentenced to death and the procedural history up to the point the case became a federal capital habeas matter.
2. Date(s) of conviction.
3. Did (or does) either attorney represent the petitioner during any part of the state proceedings? If yes, indicate which attorney, the extent of the representation, and address whether there is a potential for a conflict of interest with the federal representation.
4. If funds were allocated at the state level for state post-conviction investigation, please indicate the purpose(s) and amounts requested and authorized.
5. If discovery was requested at the state level, please indicate the nature of the discovery requested and whether the request(s) was/were granted or denied.

6. Please indicate whether an evidentiary hearing was held at the state level and provide details thereon.

Federal Level Proceedings

7. Based on current information, what is the date required by the statute of limitations for filing the federal petition? If the petition was already filed, please indicate that date.
8. Has the complete record (core and non-core materials) been assembled? If not, please indicate the reason.
9. Have the files of all prior counsel been obtained? If not, please indicate the reason.
10. Please quantify the record below. If actual figures are not known, provide your best estimate.

Type of Record - Core	# of Pages
Trial transcript and exhibits	
Transcript of penalty phase if guilty plea entered	
State appellate pleadings and briefs	
State post-conviction record (including transcripts, pleadings, motions and exhibits from post-conviction proceedings and excluding duplicate trial and appellate transcripts, pleadings, and briefs)	
TOTAL CORE	0

Type of Record - Non Core	# of Pages
Ancillary files and records (including prior counsel's case files, co-defendant files, investigative reports, etc. and excluding duplicate core records contained in prior counsel's files)	
Other	
TOTAL NON-CORE	0

11. Have you received additional documents/discovery not included in the core/non-core records indicated above? If so, please describe.
12. Please indicate whether the any of the following factors apply to this case.

Issues	Answers/Comments
Time elapsed since offense(s)	
No. of victims	
No. of co-defendants	
Use of drugs/alcohol at time of offense, and whether this issue was raised at the state level	

Informant involvement (indicate if informant(s) affect current case complexity)	
Are potential witnesses or family located out of state or the country (brief summary)	
Are there issues re: competency/mental health/other disabilities (brief summary and impact on legal issues and/or client relations)	
Did petitioner suffer physical/mental abuse as a child (brief summary); also indicate whether this issue was raised at the state level	
Is an interpreter required for the petitioner or witnesses	

RATE JUSTIFICATION WORKSHEET

NOTE: Fill out the following only if the Court has not yet set co-counsel's hourly rate or if co-counsel is seeking an increased rate.

Attorney Name:

Experience and Qualifications:

1. Admitted to practice: years
2. Member of the bar of a federal district court or court of appeals: years
3. Primary area of practice:
4. Has previously represented a client in (check all that apply):
 - ☐ Direct appeal of a death sentence
 - ☐ State capital post-conviction proceeding
 - ☐ Direct appeal of a non-capital homicide conviction
 - ☐ Capital trial
 - ☐ Non-capital homicide trial
 - ☐ Other felony trial
 - ☐ Non-capital federal habeas corpus
 - ☐ Federal capital habeas proceeding
5. Number of clients previously represented in federal habeas actions:
6. Most recently authorized hourly rate in such a case:
7. Approximate hours spent in training programs on death penalty litigation and/or post-conviction representation:
8. Other relevant information:

FUNDING APPLICATION

1. Please provide a brief overview of what has occurred in this case procedurally since you filed the petition.

2. Please provide a description of the current procedural status of the case as it relates to this request.

3. If you are requesting investigative funds, please provide an explanation for why investigation is needed at this stage in the proceeding.

4. Are you requesting authorization to utilize associate(s)?
 If “yes,” answer the following:
 - A. Associate name(s):
 - B. Is associate an employee of lead or co-counsel’s firm or an independent contractor?
 - C. Requested hourly rate:

[Note: The estimated hours to be spent by associates on particular tasks should be included in the hours requested for lead or co-counsel below.]

5. Please provide any additional information you believe would assist the court in determining the reasonableness of your funding request.

REQUESTED ATTORNEY HOURS

Tasks	Requested Hours		Justification
	Lead	Co-Counsel	
In-Court Hearings			[Estimate time for status conferences and hearings]
Conf/Correspond with Client			[Estimate total time for each in-person meeting, including time for prep, waiting, meeting, and post-meeting memo as well as for calls/letters on weekly or monthly basis; identify frequency of in-person meetings for this budget period; describe any communication challenges]
Prepare for and Conduct Witness IVs/Depositions			[Estimate total time for each interview, including time for prep, waiting, interview, and post-interview memo]
Consult with Experts & Investigators			[Estimate consult time with each provider on weekly or monthly basis]

Tasks	Requested Hours		Justification
	Lead	Co-Counsel	
Obtain & Review the Court Record			[Estimate time to review core records]
Obtain & Review Documents & Evidence			[Estimate time to review non-core and supplemental records]
Consult with Co-Counsel and Expert Counsel			[Estimate consult time on weekly or monthly basis]
Legal Research and Writing			[Describe documents you expect to prepare or research you will be undertaking]
Travel			[Estimate travel time to see client or potential witnesses and travel to and from court. To request authorization for out-of-district or overnight travel, please see travel table below]
Other (including Budget Prep)			[Describe specific tasks and estimated time for each]
Total Hours Requested	0	0	
Costs Per Atty for All Tasks	Lead: \$0.00		Co-Counsel: \$0.00
Total Cost – Both Counsel	\$0.00		

REQUESTED SERVICE PROVIDERS

(Paralegal, Associate, Investigator(s), Experts)

	Name and Specialty	Requested Hours		Rate	Cost	Brief Justification
1				\$	\$0.00	
2				\$	\$0.00	
3				\$	\$0.00	
4				\$	\$0.00	
5				\$	\$0.00	
6				\$	\$0.00	
7				\$	\$0.00	

8			\$	\$0.00	
	Total Amount Requested For Service Providers:				\$0.00

REQUESTED NON-TRAVEL EXPENSES

Expense Type	Amount	Justification
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Amount Requested for Expenses:		\$0.00

REQUESTED OUT-OF-DISTRICT OF OVERNIGHT TRAVEL TRIPS

[NOTE: In addition to completing this request, you will still need to create separate travel authorizations (TRAVEL) in eVoucher for any out of district travel/overnight travel prior to booking flights]

Traveler	Destination	No. of Nights Per Trip	No. of Trips	Justification for Travel Request

IF ANY PORTION OF YOUR REQUEST IS BEING MADE *NUNC PRO TUNC*, YOU MUST COMPLETE THIS SECTION BEFORE SUBMITTING YOUR FUNDING REQUEST

NUNC PRO TUNC AUTHORIZATION

NOTE: *Counsel is responsible for the oversight of expert services and funding status. Nunc pro tunc requests may be denied absent extraordinary circumstances. Justification provided must be sufficiently persuasive and detailed to overcome failure to obtain timely authorization.*

Nunc Pro Tunc Date: _____

Justification for *nunc pro tunc* request: _____

INSTRUCTIONS:

1. Save completed funding application in Word.
2. Email completed form along with the resume or CV of newly requested service providers to jnaegele@ce9.uscourts.gov.
3. Questions? Contact Ninth Circuit Case Managing Attorney Jen Naegele at 415.355.8986.